

# SFSP ADMINISTRATIVE TRAINING

DEPARTMENT OF EDUCATION – CHILD AND ADULT NUTRITION SERVICES–  
MARCH 8, 2022



**south dakota**  
DEPARTMENT OF EDUCATION  
Learning. Leadership. Service.

## PRESENTERS



Stacey Booth  
Finance



Quanna Keyser  
Procurement



Cynda Frey  
Farm to School



Brigitta Bly  
SFSP



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# SFSP TRAINING 2022

## Interactive-poll questions

- Program Purpose
- Program requirements
- Reimbursable meals
- Civil Rights
- Important documents

**PY 21-22 iCAN apps open: late March-April**

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# SFSP WAIVERS

- Meal service times waiver
- Area eligibility waiver for closed enrolled sites
- First week visit waiver
- OVS waiver



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**Poll #1-Please select the  
correct answer**





## **Poll #1- Correct Answer**

- After the administrative training I will have to set aside time to train my staff for SFSP operations and civil rights, fill out the iCAN application, and receive approval before I can begin program operations.
- No trained staff= no site operation
- Must train new staff before assign them to their job.



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**Poll #2-What is the purpose  
of SFSP?**



## Poll #2- Correct Answer

While school is not in session to feed low-income kids ages 0-18 or older with disabilities, and to increase and expand program participation and reach.

- Expand by:
  - Advertising program/activities at feeding sites
  - Adding new sites.
  - Increased interest in mobile sites.



# Mobile Site

- Rural, urban, suburban areas
- Each stop is a site
- Same rules apply as open site





# SFSP Sites

Physical location where program meals are served, and children consume meals in a supervised setting

Eligibility:

- Census or School Data (valid-5 years)
- Income applications (valid-12 months)
- Summer Food Mapper





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## **Poll #3-My site is an open site so ...**

Meals must be consumed on site even if I operate a mobile site, and only certain meal components (fruit, veg, or grain) can be taken off site after the meal has ended.



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## **Poll #4-My site is closed enrolled so I must...**

Make sure that all kids eat meals on site and only certain food components (fruit, veg, or grain) are taken off site, closed sites are either area eligible, or have income applications to prove that 50% of kids are F/R eligible.



# Taking a food component off site

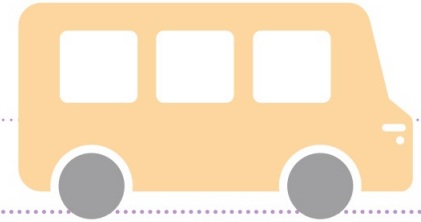
- One fruit or vegetable or grain component
- Food can only be taken from the child's plate or a share table
- Must be unused, whole, or unopened pre-packaged item
- Must be nonperishable food





# Field Trip

- All SFSP rules apply:
  - Congregate feeding,
  - Meal count forms, production records,
  - Only eligible children
  - Food Safety Rules
- Open site-can't close site due to filled trip
- Closed site-can close site if all kids are taken
- Taking kids every day: alternate site
- Preapproval form
  - [SFSP website](#): documents tab
  - Send form in more than 1 week before trip



# SFSP Site Types

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**Open:** 50% F/RP (Census, School Data)

**Restricted Open:** Restrict attendance due to space, security, safety reasons

**Closed Enrolled:** Not open to all. 50% F/RP (Income applications or Census, School Data)

**Camp:** Must collect income applications or if the children receive other benefits (SNAP), only eligible F/RP children can be claimed for meal reimbursement

**Migrant:** Migrant certification documentation annually, 50% Migrant, all eat free.





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## **Poll #5- Which sites must collect income eligibility applications?**

Camps, closed enrolled sites





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**Poll #6- Which site type  
serves all children in the  
community based on area  
eligibility?**

OPEN



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**Poll #7- Can a non-school site  
establish eligibility with any  
school's data?**

NO



# SFSP Operation General Rules/M Meal Service

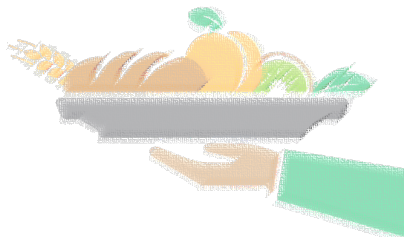


- Congregate feeding
- Serve only during approved meal service times
- Vended meals: unitized and delivered at least 1 hour before service
- Second meals served only after all children received a first meal
- Second Meals: allowed up to 2% of total claim/month
- Adult meals are never reimbursable, any adults meals must be served after every child received a meal
- Adhere to local sanitation codes and health department regulations



# SFSP Reimbursable Meals

- Meals served to eligible children and on site only!
- All required meal components with required quantities (production records)
- First meals and only 2% of second meals/monthly claim.
- Meals served within meal service time.
- Meals with allowable meal combinations
  - Breakfast & Lunch, Lunch & Snack, etc.
- Correct and documented meal count and production records





## Daily Meal Count Form

Site Name <b>Care Bear Land</b>															Date <b>2.13.2020</b>														
Site Address <b>1234 E. Sunshine Ln.</b>																													
Site Telephone <b>480-857-5309</b>										Meal Type <input checked="" type="checkbox"/> B <input checked="" type="checkbox"/> L <input type="checkbox"/> SN <input type="checkbox"/> SU																			
Supervisor's Name <b>Taylor Swift</b>										Delivery Time <b>8:00 AM</b>																			
Meals received/prepared <b>60</b> + Meals available from previous day <b>0</b> = <b>60</b> <b>Total Meals Available</b> [1]																													
First Meals Served to Children <i>(cross off number as each child receives a meal):</i>																													
<del>1</del>	<del>2</del>	<del>3</del>	<del>4</del>	<del>5</del>	<del>6</del>	<del>7</del>	<del>8</del>	<del>9</del>	<del>10</del>	<del>11</del>	<del>12</del>	<del>13</del>	<del>14</del>	<del>15</del>	<del>16</del>	<del>17</del>	18	19	20										
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40										
41	42	43	<del>44</del>	<del>45</del>	<del>46</del>	<del>47</del>	<del>48</del>	<del>49</del>	<del>50</del>	51	52	53	54	55	56	57	58	59	60										
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80										
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100										
101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120										
121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140										
141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160										
161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180										
181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200										
201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220										
221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240										
241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260										
Total First Meals +																	50	[2]											
Second meals served to children:																													
<del>★</del>	<del>★</del>	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20										
Total Second Meals +																	2	[3]											
Meals served to Program adults:																													
<del>★</del>	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20										
Total Program Adult Meals +																	1	[4]											
Meals served to non-Program adults:																													
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20										
Total non-Program Adult Meals +																		[5]											
<b>Total Meals Served =</b>																	53	[6]											
<b>Total damaged/incomplete/other non-reimbursable meals +</b>																	0	[7]											
<b>Total leftover meals +</b>																	0	[8]											
<b>Total of Items: [6] + [7] + [8] =</b>																		[9]											
<i>Item [9] should be equal to item [1]</i>																	60												
Number of additional children requesting a meal after all available meals were served:																													
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

By signing below, I certify that the above information is true and accurate:

Signature  Date **2.13.2020**

This institution is an equal opportunity provider.

**Poll #8- Can a claim be submitted using this meal count form?**



## Daily Meal Count Form

Site Name	Care Bear Land	Date	2.13.2020
Site Address	1234 E. Sunshine Ln.		
Site Telephone	480-857-5309	Meal Type	<input checked="" type="checkbox"/> B <input checked="" type="checkbox"/> L <input type="checkbox"/> SN <input type="checkbox"/> SU
Supervisor's Name	Taylor Swift		

Meals received/prepared 60 + Meals available from previous day 0 = 60 **Total Meals Available** [1]

First Meals Served to Children (cross off number as each child receives a meal):

★	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
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121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140
141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160
161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180
181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200
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241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260

**Total First Meals +** 50 [2]

Second meals served to children:

★ 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

**Total Second Meals +** 2 [3]

Meals served to Program adults:

★ 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

**Total Program Adult Meals +** 1 [4]

Meals served to non-Program adults:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

**Total non-Program Adult Meals +** [5]

**Total Meals Served =** 53 [6]

**Total damaged/incomplete/other non-reimbursable meals +** 0 [7]

**Total leftover meals +** 0 [8]


**Total of Items: [6] + [7] + [8] =** [9]

*Item [9] should be equal to item [1]* 60

Number of additional children requesting a meal after all available meals were served:

1 2 3 4 5 6 7 8 9 10 11 12 13

By signing below, I certify that the above information is true and accurate:

Signature 

Date 2.13.2020


**Poll #9-How many mistakes are on this meal count form?**

# Poll #10- What makes this meal count unallowable?

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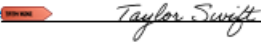


# Poll #11- How many meals can be submitted for reimbursement?

## Daily Meal Count Form

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By signing below, I certify that the above information is true and accurate:

Signature  Date 2.13.2020

This institution is an equal opportunity provider.





# Meal components



**Milk**



**Fruit/Vegetables**



**Grain**



**Meat/MA**



# SFSP Meal Pattern

## Breakfast



## Lunch/Supper



## Snack



or



or



or...




# SFSP Meal Pattern-OVS

## Breakfast:

- Food items must be different!
- Must take at least 3 items.

## Lunch/Supper

- 5 food items must be offered and all 4 components.
- Must take at least 3 of the food components.



---

# Poll #12- Can I use a different meal pattern than SFSP?

NO

47. Indicate the age/grade groups that will be used for menu planning:

Note: SKIP unless you are a school using NSLP and/or SBP meal pattern(s) for summer meals; then indicate the age/grade group(s) that you will be using for menu planning.

- ☐ SBP/Snack Grades K-5, 6-8, and 9-12
- ☐ SBP/Snack Grades K-8 and 9-12
- ☐ SBP/Snack Grades K-12
- ☐ NSLP Grades K-5, 6-8, and 9-12
- ☐ NSLP Grades K-8 and 9-12
- ☐ NSLP Grades K-8 waiver
- ☐ NSLP Grades 9-12 waiver
- ☐ Snack K-12 (2 components and serving size appropriate to age/grade group 9-12)



# Poll #13- Typically, milk does not fall within our children's preferences, can we skip it?

NO

**Milk Substitutes (7CFR 210.10 (d)(3) Must be Nutritionally Equivalent to Milk and provide specific levels of the following nutrients per cup (8 fl oz)**

Protein	8 g
Calcium	276 mg
Vitamin A	500 IU
Vitamin D	100 IU
Magnesium	24 mg
Phosphorus	222 mg
Potassium	349 mg
Riboflavin	0.44 mg
Vitamin B-12	1.1 mcg

# Meal Pattern Substitution

**Special diet needs must be recognized, meal substitutions must be accommodated**

**Forms must have a Medical Authority Signature**

Meal Change request form is located at:

<https://doe.sd.gov/cans/sfsp.aspx>  
under Documents tab.

**MEAL CHANGE REQUEST FORM**  
\* Keep a copy of the completed form for your records.

**Part A – Participant, Parent/Guardian, and School/Agency Contact Information**  
To be completed by a parent/guardian or school/agency contact person

1. School/Agency Name	2. Site Name (if applicable)	3. School/Agency Telephone
4. Name of Participant/Student		5. Date of Birth
6. Name of Parent or Guardian		7. Parent/Guardian Telephone

**Part B – Meal Change** – To be completed by a medical authority (State licensed healthcare professional authorized to write prescriptions) if change is outside of the meal pattern. The school/agency can help you to understand what the meal patterns require.

8. Check One:  
☐ a. Participant has a condition which limits a major life activity.  
☐ b. Participant does not have a condition which limits a major life activity.

9. State the condition, food allergy/intolerance, medical condition, or reason a meal change is required/requested (use extra pages if needed):

10. If the participant has a condition that limits a major life activity (see definition on instructions page), provide a brief description of the major life activity (see list on instructions page) affected by the condition (e.g. allergy to peanuts affects ability to breathe):

☐ Check if not applicable

11. Modified Texture:  
☐ Not Applicable ☐ Chopped  
☐ Ground ☐ Pureed

12. Modified Thickness:  
☐ Not Applicable ☐ Nectar  
☐ Honey ☐ Spoon or Pudding Thick

13. Foods to be omitted and substituted: (List specific foods to be omitted and suggested substitutions. You may sign and attach a separate page with more information if needed.)  
☐ Check if not applicable

A. Foods To Be Omitted	B. Suggested Substitutions

14. Additional Information: (Such as special feeding equipment, type of meal modification, etc.).

15. Signature of Preparer (When Medical Authority is not required)

16. Printed Name	17. Telephone Number	18. Date
19. Signature of Medical Authority/Title	20. Printed Name	21. Telephone Number
		22. Date



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## **Poll #13- A parent or guardian is requesting gluten free meals for her child with Celiac Disease. What should you do?**

Have a medical professional fill out the meal change request form including allowable food substitutions and providing their signature.



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**Poll #14- A parent/guardian requests a  
vegan meal for her child (no animal  
products allowed). How can you  
accommodate this child in order to get  
reimbursed for the meal?**

Accommodations do not have to be made for this child.



# SFSP Production Records



Date **June 8, 2022**

**DOE-CANS**

<b>B R E A K F A S T</b>	<u>Menu component</u>
	Bread/Bread Alternate
	Fruit/Vegetable
	Milk
	Other
<b>S N A C K</b>	<b>(CHOOSE TWO)</b>
	Meat/Meat Alternate
	Bread/Bread Alternate
	Fruit/Vegetable
<b>A M</b>	Milk
<b>L U N C H</b>	



**Crustless Wow Butter and Jelly Sandwich, I/W, WG**

**Product Details:**

Item Number: 49870  
 Pack Size: 72/2.4 oz.  
 Serving Per Case: 72  
 Net Weight: 10.8 lbs.  
 Temperature Class: Frozen  
 Shelf Life: 6 months  
 Manufacturer Code: 607

Kosher: No  
**Meal Contribution: 1 M/MA, 1 GRN**  
 Cook State: Fully Cooked  
 Class: Always Available  
 Case Price: \$0.00

**Product Information and Key Information:**

<u>Leftover</u>	<u>Number Served</u>
	1-18 _____
	Adults _____
	Total _____
	1-18 _____
	Adults _____
	Total _____
	1-18 <u>30</u>
	Adults <u>0</u>
	Total <u>30</u>

	<b>Wow Butter Sandwich; String Cheese</b>	<b>2.4 oz; 1oz</b>	<b>National Food Group- Always available Wow Butter Sandwich</b>	<b>40; 40</b>	<b>10; 10</b>
	<b>Wow Butter Sandwich</b>	<b>2.4 oz</b>	<b>same as above</b>	<b>40</b>	<b>10</b>
	<b>apple sauce</b>	<b>1/2 cup</b>	<b>US Foods</b>	<b>40</b>	<b>10</b>
	<b>carrots</b>	<b>1/4 cup (1.6oz)</b>	<b>US Foods</b>	<b>40</b>	<b>10</b>
	<b>Chocolate Milk</b>	<b>8 oz</b>	<b>Kemps-2%</b>	<b>40</b>	<b>10</b>

# Poll #15 – What is missing from this production record? Will you submit claim for this meal?

BREAKFAST	Menu component	Menu	Serving Size	Food Item	Quantity Prepared	Leftover	Number Served
	Bread/Bread Alternate						1-18 _____
	Fruit/Vegetable						Adults _____
	Milk						Total _____
	Other						
SNACK AM	(CHOOSE TWO)						1-18 _____
	Meat/Meat Alternate						Adults _____
	Bread/Bread Alternate						Total _____
	Fruit/Vegetable						
	Milk						
LUNCH	Meat/Meat Alternate	Uncrustables	2.6 oz				1-18 _____
	Bread/Bread Alternate	"					Adults _____
	Fruit/Vegetable	Apple Sauce	4 oz		43	0	Total _____
	Fruit/Vegetable						
	Milk	1 Juice	Very Berry				1-18 _____
	Other	Water	8 oz				Adults _____
S							Total _____

# Poll #16 – What is missing from this production record? Will you submit claim for this meal?

	Menu component	Menu	Serving Size	Food Item	Quantity Prepared	Leftover	Number Served
B R E A K F A S T	Bread/Bread Alternate					0	1-18 _____
	Fruit/Vegetable						Adults _____
	Milk						Total _____
	Other						
S N A C K	(CHOOSE TWO)						1-18 _____
	Meat/Meat Alternate						Adults _____
	Bread/Bread Alternate						Total _____
	Fruit/Vegetable						
L U N C H	Meat/Meat Alternate	Ham	3 slices				1-18 _____
	Bread/Bread Alternate	Hogie Roll					Adults _____
	Fruit/Vegetable	Carrots					Total _____
	Fruit/Vegetable	Cheese-It's	75 oz		30	0	1-18 <u>30</u>
	Milk	String Cheese	1 oz				Adults <u>0</u>
	Other	Very Berry	6-75oz				Total <u>30</u>
S	(CHOOSE TWO)						



# Poll #17 – What is missing from this production record, and will you submit claims for these meals?

	Menu component	Menu	Serving Size	Food Item	Quantity Prepared	Leftover	Number Served
BREAKFAST	Bread/Bread Alternate	Mini Donuts	2 oz		34	0	1-18 <u>34</u>
	Fruit/Vegetable	Apple	whole				Adults <u>0</u>
	Milk						Total <u>34</u>
	Other	Apple Juice	10.75 oz				
SNACK AM	(CHOOSE TWO)						1-18 _____
	Meat/Meat Alternate						Adults _____
	Bread/Bread Alternate						Total _____
	Fruit/Vegetable						
LUNCH	Meat/Meat Alternate	Beef Sticks	.8 oz		34	0	1-18 <u>34</u>
	Bread/Bread Alternate	Goldfish	.75 oz				Adults <u>0</u>
	Fruit/Vegetable	String Cheese	1.0 oz				Total <u>34</u>
	Fruit/Vegetable	Uncontables	2.6 oz				
	Milk other	Nacho Cheese	3 oz				
	Other	Very Berry	6.75 oz				
S	(CHOOSE TWO)						



# SFSP Sponsor responsibility



Staff training



Prepare & submit iCAN SFSP application.



Collect & make sure paperwork is correct and complete before submitting all claims.



Monitor sites and work on increasing participation.



Determine and maintain documentation of income eligibility or site eligibility.



Maintain a non-profit food service account.



# **BREAK**

**5 minutes**



# Monitoring

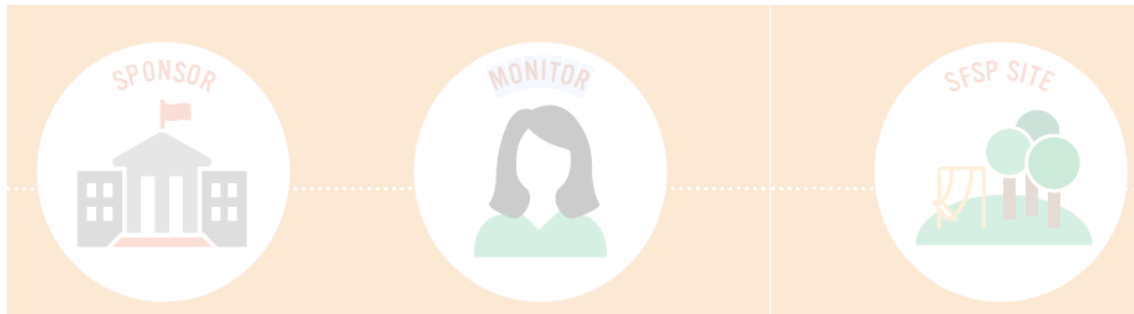




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# MONITORING PROGRAM/SITES

- Sponsor's Monitor Responsibilities— see page 5 [Sponsor Monitor's Guide](#).
- To ensure the smooth operation of the program.
- To help correct any problems before/during program operations.







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# SPONSOR MONITORING

## Pre-operational Visit

Must be complete for all new sites and sites with operational issues during the previous year

## Site Visit

Sponsors must visit all sites at least once during the 1st week of operation.

## Site Review

Sponsors must review each site within the first 4 weeks of operations.





# SPONSOR MONITORING

## Follow-up Visits

- To ensure permanent corrective action has been implemented.
- Sample Site Monitoring visit forms

Keep all program documentation including monitoring documents for 3 years plus the current year.

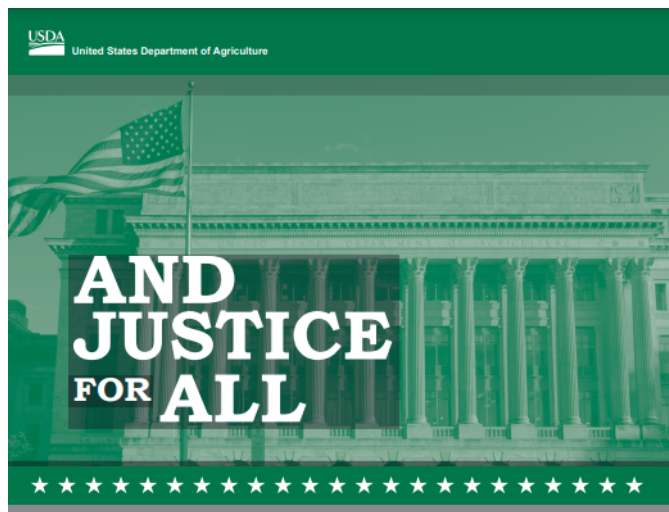




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**Poll #18 –What do we want to avoid and watch out for during monitoring at all sites?**

# CIVIL RIGHTS REQUIREMENTS



- “And Justice for All” Poster is required at each feeding site.
- Please contact us if you do not yet have the 2020 Poster.
- Civil Rights Training is an annual requirement.
- No visual observation!

In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.)

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, and American Sign Language) should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form, which can be obtained online, at [www.usda.gov/sites/default/files/documents/usda-program-discrimination-complaint-form.pdf](http://www.usda.gov/sites/default/files/documents/usda-program-discrimination-complaint-form.pdf), from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

**mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or

**fax:**  
(833) 256-1665 or (202) 690-7442;

**email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

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La información del programa puede estar disponible en otros idiomas además del inglés. Las personas con discapacidades que requieran medios de comunicación alternativos para obtener información sobre el programa (por ejemplo, Braille, letra agrandada, grabación de audio y lenguaje de señas americano) deben comunicarse con la agencia estatal o local responsable que administra el programa o con el TARGET Center del USDA al (202) 720-2600 (voz y TTY) o comunicarse con el USDA a través del Servicio Federal de Transmisión de Información al (800) 877-8339.

Para presentar una queja por discriminación en el programa, el reclamante debe completar un formulario AD-3027, Formulario de queja por discriminación del programa del USDA, que se puede obtener en línea, en

[www.usda.gov/sites/default/files/documents/usda-program-discrimination-complaint-form.pdf](http://www.usda.gov/sites/default/files/documents/usda-program-discrimination-complaint-form.pdf), en cualquier oficina del USDA, llamando al (866) 632-9992, o escribiendo una carta dirigida al USDA. La carta debe contener el nombre, la dirección y el número de teléfono del reclamante, y una descripción escrita de la supuesta acción discriminatoria con suficiente detalle para informar al Subsecretario de Derechos Civiles (ASCR, por sus siglas en inglés) sobre la naturaleza y la fecha de la presunta violación de los derechos civiles. La carta o el formulario AD-3027 completado debe enviarse al USDA por medio de:

**correo postal:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; o

**fax:**  
(833) 256-1665 o (202) 690-7442;

**correo electrónico:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

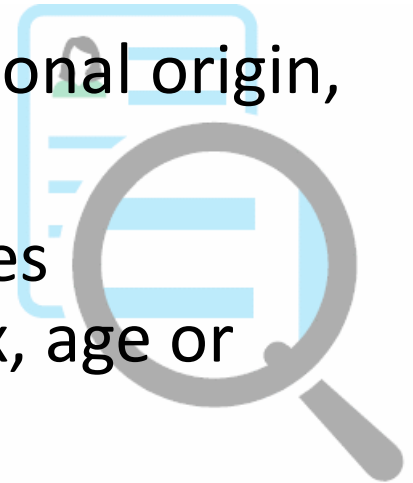
Esta institución ofrece igualdad de oportunidades.

CANS Civil Rights Training Rec.  
CANS Civil Rights Training Slides



# CIVIL RIGHTS REQUIREMENTS

- Make SFSP information available to the public upon request
- Consider people with low English proficiency.
- Equal access for individuals with disabilities
- Display Non-Discrimination Statement.
- Serve children regardless of race, color, national origin, sex, age or disability
- Provide equal access to services and facilities regardless of race, color, national origin, sex, age or disability.





# Poll #19 – What is the problem with this sign?



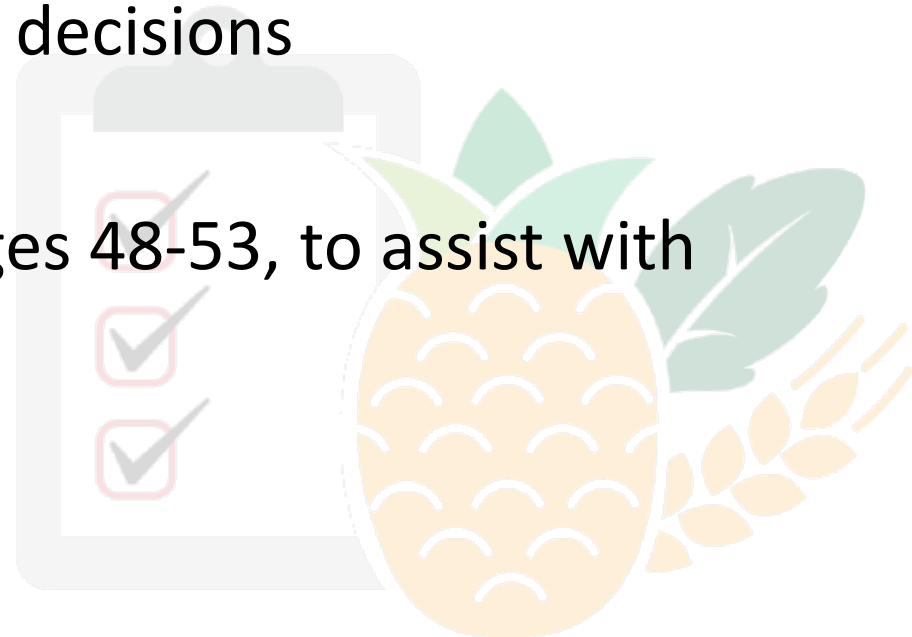


# SFSP BUDGET AND PROCUREMENT

- Submitted via iCAN.
- Contain all items purchased with SFSP funds.

## Staying on Budget

- Keep accurate inventory records
- Make good food purchasing decisions
- Use the [Nutrition Guide](#) pages 48-53, to assist with budgeting.





# ALLOWABLE ADMINISTRATIVE COSTS

- Labor costs for administrative activities;
- Rental costs for offices, office equipment, and vehicles;
- Vehicle allowance and parking expenses;
- Office supplies;
- Communications;
- Insurance and indemnification;
- Audits; and
- Travel

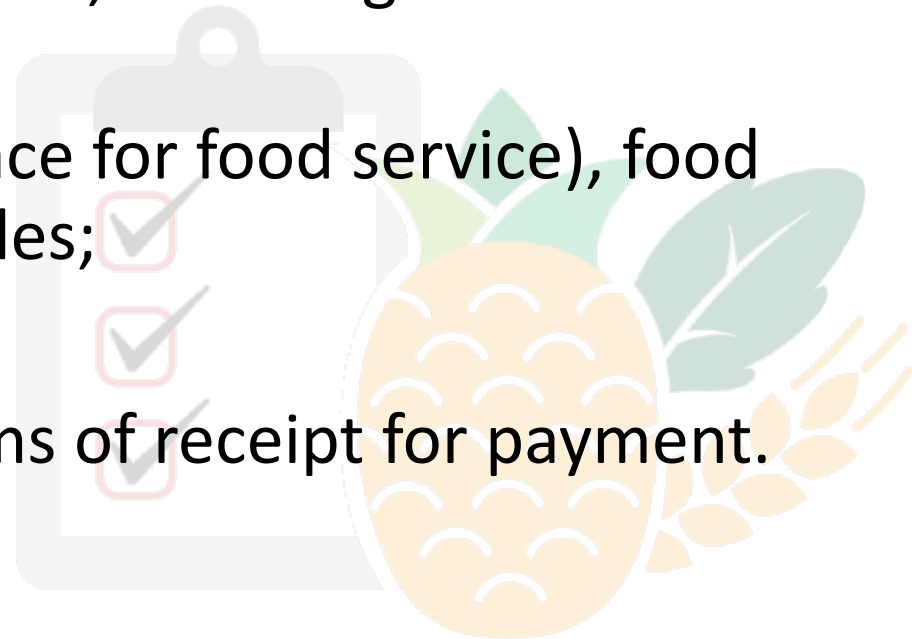






# ALLOWABLE OPERATING COSTS

- Cost of food used;
- Cost of food purchases, processing, transporting, storing, handling food (donated or purchased);
- Labor;
- Non-food supplies;
- Mileage allowance for rural sites, including cost of transporting children;
- Rental costs for buildings (space for food service), food service equipment, and vehicles;
- Utility costs; and
- May use checks or other forms of receipt for payment.



# BUDGET ESTIMATE REIMBURSEMENT

- iCAN Budget Detail: Estimate the SFSP reimbursement by multiplying the estimated meals served by the sum of administrative and operational rates

Budget Version: Original			
Operating Reimbursement			
Meal	Sites	Total Meals	Total
Breakfast	1	7,680	\$14,899.20
Lunch	1	24,000	\$81,360.00
Snack	0	0	\$0.00
Supper	0	0	\$0.00
Sub Total			\$96,259.20
Administrative Reimbursement			
Meal	Sites	Total Meals	Total
Breakfast	1	7,680	\$1,478.40
Lunch	1	24,000	\$8,520.00
Snack	0	0	\$0.00
Supper	0	0	\$0.00
Sub Total			\$9,998.40

# BUDGET-EXPENSES

- Complete the Site Labor Form under Checklist Items on iCAN for each feeding site and add to the Budget Detail in the Projected Operating Costs Section and add together for Total.

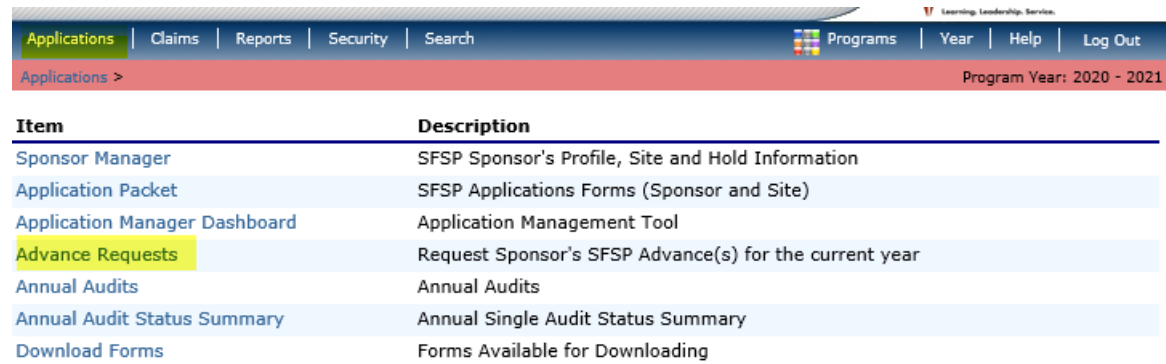
## Projected Operating Costs

Food for all vended and self-pre meals:		\$	56,774.40
Total Site Labor (complete checklist item for each site):		\$	34,255.10
Non Food Supplies:		\$	3,762.88
Utilities:		\$	3,855.00
Kitchen or Truck Rental:		\$	0.00
Equipment Rental:		\$	0.00
Transportation:	Rate per mile: 0.40	\$	307.20
Other:		\$	0.00
Sub Total			\$98,954.58



# ADVANCE PAYMENT REQUEST

- To cover SFSP Admin/Operating Costs incurred before program starts.
- Submit to CANS 30 days before the payment dates.
- Must operate at least 10 days in the month where advance is requested.
- Advances are deducted from claims.
- No new advances until prior advances are repaid to CANS.
- Submitted on iCAN under Applications Tab-Advance requests.



The screenshot shows the iCAN web application interface. At the top, there is a navigation bar with tabs: Applications (highlighted in green), Claims, Reports, Security, and Search. On the right side of the navigation bar, there are links for Programs, Year, Help, and Log Out. Below the navigation bar, there is a red banner with the text "Applications >" on the left and "Program Year: 2020 - 2021" on the right. Below the banner, there is a table with two columns: Item and Description. The table lists several items, with "Advance Requests" highlighted in yellow.

Item	Description
Sponsor Manager	SFSP Sponsor's Profile, Site and Hold Information
Application Packet	SFSP Applications Forms (Sponsor and Site)
Application Manager Dashboard	Application Management Tool
Advance Requests	Request Sponsor's SFSP Advance(s) for the current year
Annual Audits	Annual Audits
Annual Audit Status Summary	Annual Single Audit Status Summary
Download Forms	Forms Available for Downloading



# STARTUP PAYMENT

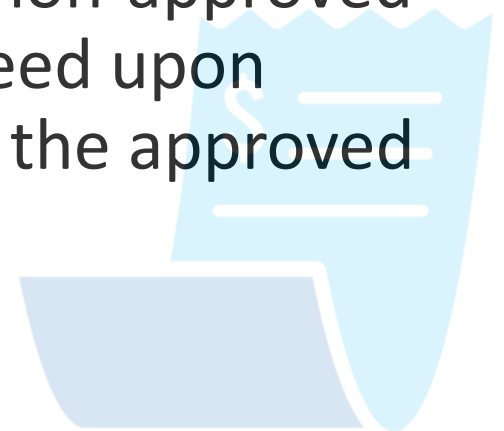
- Requested on the [Start-Up Payment Request Form](#).
- If available, it can be granted up to 20% of approved administrative budget.
- Deducted from the administrative reimbursement or from first admin cost advance.
- Can't be received earlier than 2 months prior to operations start date.





# UNALLOWABLE COSTS

- Costs of excess meals ordered/prepared but not served to eligible children;
- Costs of damaged, spoiled meals;
- Costs of food purchased not for SFSP operations;
- Meals not compliant with SFSP meal pattern or approved meal pattern;
- Meals served to adults;
- Cost of meals delivered by a FSMC to a non-approved site, meals not delivered within the agreed upon delivery time, meals served in excess of the approved cap;





## UNALLOWABLE COSTS- CONT.

- Rental costs for periods beyond the close-out date for Program operation;
- Any debts;
- Fines;
- Over Claims;
- Capital expenditures; and
- Entertainment or fundraising costs

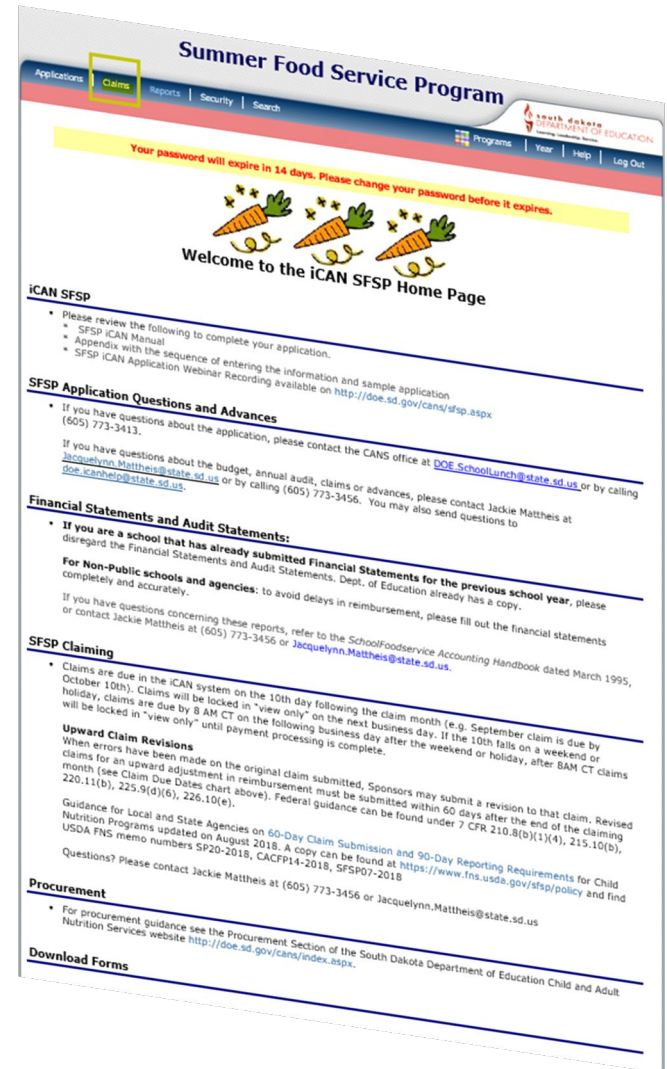
Please read more about unallowable cost in the [Administrative Guide](#), page 132.



# CLAIM PROCESS

- Completed in iCAN system
- Report number of meals
- Site based claiming
- Keep meal count sheets for record keeping verification.

[View claim due dates](#)

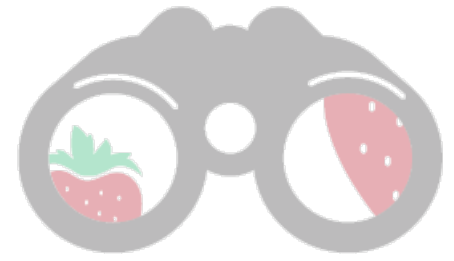






## **Poll #20 –Choose the best answer for allowable costs:**

- A. Rental costs for offices, office equipment, and vehicles.
- B. Cost of damaged/spoiled food
- C. Meals served to adults
- D. Utility costs
- E. Both rental and utility costs (A and D)



# Procurement Methods

- 2 CFR 200.320

**Micro-Purchases** - Informal method (*Purchases between \$0 - \$10,000*)

**Small Purchase** - Informal method (*Purchase between \$10,000 - \$250,000*) [3 bids or quotes & a buy]

**Competitive Sealed Bids** – Formal method (*over \$250,000*)  
Check for your own agency threshold requirements

South Dakota small purchases limit for supplies & services is \$25,000 which has not changed.



# PROCUREMENT PLAN

## [SFSP Website](#)

- Sample form: Documents Tab>Procurement Template Form
- Addresses how your agency uses
  - Micro-purchasing
  - Informal purchasing
  - Formal purchasing
    - Invitation for Bid
    - Request for Proposal



**Update once a year OR anytime if changes in purchasing method.**



# PROCUREMENT ETHICS

## CODE OF CONDUCT



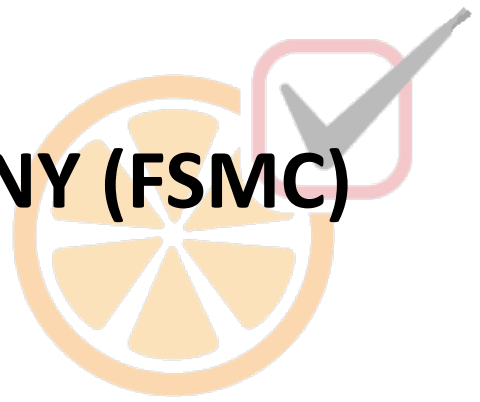
Must Address:

- Conflict of Interest,
- Solicitation or acceptance of gratuities, favors or anything of monetary value-Define value,
- Disciplinary Action.

Code of Conduct example found under Procurement at  
[South Dakota DOE Child and Adult Nutrition Services](#)



# FOOD SERVICE MANAGEMENT COMPANY (FSMC) CONTRACTS



- If no School Food Authority (SFA) agreement, must competitively solicit an FSMC.
- Provide FSMC with a list of approved food service sites ,limit of # of meals for each site.
- Notify FSMC of any site changes.



# FSMC CONTRACTS- CONT.

## **FSMCs must:**

- have State or Local Health certificates;
- be subjected to health inspections;
- ask local health authorities to periodically inspect meals for quality;
- maintain records supported by invoices, receipt;
- keep records for 3 years from the date of the final payment receipt;
- be able to comply with meal orders from the sponsor;
- comply with SFSP meal pattern requirements;



# FSMC CONTRACTS- CONT.



## **Sponsors may not contract to FSMC the following:**

- Meal ordering
- Submitting claims
- Training and monitoring administrative and site staff
- Announcing the availability of meals to the news media
- Determining and maintaining income eligibility

# COOPERATIVE BUYING GROUPS



Potential **BENEFITS** to an individual SFA

- Savings – increased buying power
- Improved quality and selection of product

Potential **DRAW BACKS** to an individual SFA

- Possibility of fewer deliveries
- May have to eliminate products to consolidate items with the Group's majority





# COOPERATIVE BUYING GROUPS

- SFA must ensure competitive purchasing.
- An agreement is not a method of procurement.
- Coop Purchasing is one bid source.
- Read more under memo [SFSP 02-2017](#)





# PROCUREMENT



- Procurement Tips and Purchasing Local Strategies in the SFSP [Administrative Guide](#) pages 96-98
- Quanna Keyser at [Quanna.Keyser@state.sd.us](mailto:Quanna.Keyser@state.sd.us)  
(605) 773-4718



# **Poll #21 –How often will your agency update your Procurement Plan?**

At least annually and when changes in procurement methods occur.



# Record Keeping

- Daily meal count at each site;
- Program operating costs: food and other costs;
- Program administrative costs: including labor and supplies;
- Funds accruing to the program-USDA foods;
- Purchase receipts;
- Meal change request forms; and
- Training documents etc.



**NO visual observations for racial data allowed.**



# RECORD KEEPING- OPERATING COSTS



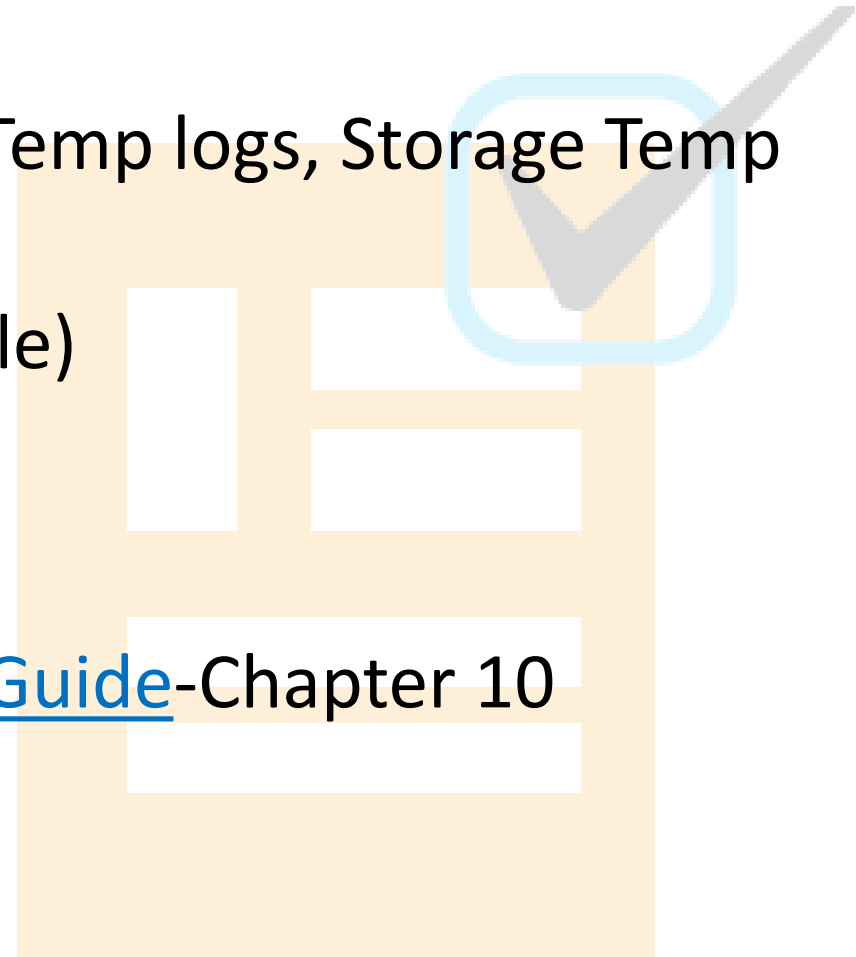
- Cost of food used:
  - Itemized receiving reports from supplier/including donated foods
  - Food inventories/manifests
  - Records of returns, discounts or other credits
  - Canceled checks or receipt of payment.

*Vended meals (sponsor contract with FSMC):*

- Keep the signed detailed delivery slip.
- **Sponsor should not pay FSMC if:** do not meet contracted meals.

# RECORD KEEPING- OTHER IMPORTANT RECORDS

- Health Inspection Records
- Food Safety Records (Food Temp logs, Storage Temp logs, dishwasher temp log)
- Mileage records (if applicable)
- Monitoring Records
- Menus
- Please read [Administrative Guide](#)-Chapter 10 Recordkeeping



# STATE & FEDERAL REVIEWS(AUDITS)/INSPECTIONS

- State Agency
  - May contract with an outside review company.
- Health/Kitchen Inspections
  - City of Sioux Falls, DPS or IHS
- Conducted every 3 years or sooner due to budget aggregate requirement.
- Production Records for one week is required for inspector/reviewer.
- See [Administrative Guidance](#) for:
  - Review Procedures
  - Violations
  - Corrective Action



# STATE & FEDERAL REVIEWS(AUDITS)/INSPECTIONS– CONT.

- Missing expense documentation leads to being declared Seriously Deficient
- *South Dakota has guidance on the term Seriously Deficient.*
- Sponsor receives more reimbursement than it spends – State Agency requires corrective action to
  - Improve food quality
  - Enhance monitoring and oversight







# SOUTH DAKOTA SFSP – SERIOUSLY DEFICIENT

- Noncompliance with bid procedures & contract requirements
- SFSP Memo 04-2017: Private Non-profit with IRS tax-exempt status revoked
- Submission of false information to the State Agency (SA)
- Failure to return to SA any startup or advance payments which exceeded the amount earned for meals served
- Violations at a significant portion: [Admin Guide](#) pages 94; 120; 121





# APPEAL RIGHTS

- Denial of advance payment
- Denial of reimbursement claim
- Termination of sponsor or site participation in the program
- Denial of site application
- Denial of FSMC's application
- Claim against sponsor for remittance of a payment
- State refusal of late payment or upward adjustment request



Appeal Rights on [SFSP website](#) under Documents Tab.

# RESOURCES

- [SFSP program Flyer](#)
- SFSP banner for open sites



- [SFSP Handbooks](#)
- [SFSP menu ideas; Food Buying Guide](#)

# FARM TO SCHOOL

## WHY FARM TO SCHOOL



### ▪ Kids WIN

- Farm to school provides kids access to nutritious, high quality, local food
- Classroom education is enhanced through hands-on learning related to food, health, nutrition, and agriculture.

### ▪ Farmers WIN

- Financial opportunity for farmers, fishers, ranchers, food processors

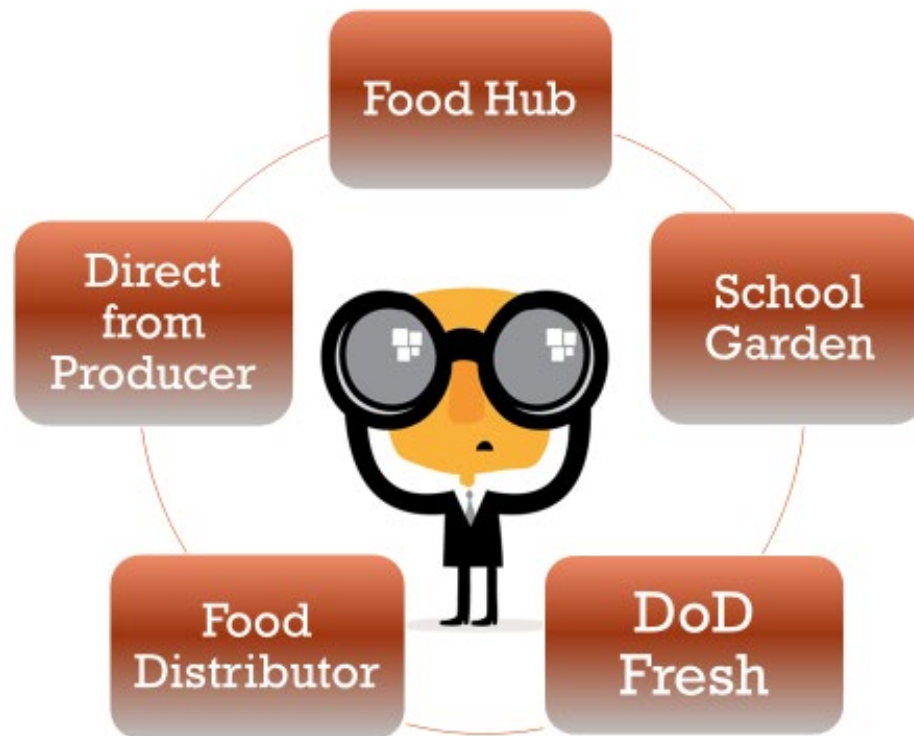
### ▪ Communities WIN

- Opportunities to build family and community engagement
- Buying local creates new jobs and strengthens the local economy



# FARM TO SCHOOL

## WHERE TO FIND LOCAL FOODS

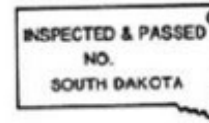


# FARM TO SCHOOL

## SOUTH DAKOTA RULES

- Must follow the Food Service Code and come from an “Approved Source”

Approved	Not Approved
Fresh, whole and unprocessed foods (apples, watermelon, tomatoes, cucumbers)	Raw milk and milk products
Processed foods that are graded or manufactured under an inspection	Food processed and packed in a private home or an unlicensed food service establishment
Meats slaughtered and processed under inspection in an USDA or SD State inspected facility	Meat that is labeled “not for sale”



South Dakota inspected stamp



USDA inspected stamp on exotic species (e.g., bison)



USDA inspected stamp on raw beef



USDA inspected stamp on processed beef

#38 is used in USDA stamps as sample establishment number

FOR A LIST OF STATE INSPECTED FACILITIES VISIT THE ANIMAL INDUSTRY BOARD (AIB) [HTTPS://AIB.SD.GOV/MEATINSPECTION.HTML](https://aib.sd.gov/meatinspection.html)



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**Poll #22 –How many cups or oz of fruit or fruit juice must be served for snack?**

$\frac{3}{4}$  cup or 6oz



---

**Poll #23 –A snack production record shows that 6oz of 100% apple juice and 8oz of milk are being served. Does this meet the meal pattern requirement?**

NO





---

**Poll #24 –For lunch, the production record shows that 4oz of 100% apple juice, 8 oz of milk,  $\frac{1}{4}$  cup of sliced apples, 1oz of grain, and 2oz of meat was served. Does this meet the meal pattern requirement?**

No because the same item was served from the fruit/veg component (apple juice and apple slices).



---

**Poll #25 –For breakfast, the production record shows 4oz of 100% apple juice, 8 oz of milk,  $\frac{1}{4}$  cup of sliced apples, 1oz of grain, 2oz of meat was served. Does this meet the meal pattern requirement?**

Yes, because all required components of the breakfast meal pattern are present and even the optional Meat component is present.



# THANK YOU FOR JOINING US TODAY!

## QUESTIONS?

- CALL: 605-773-3413
- EMAIL: [DOE.SchoolLunch@state.sd.us](mailto:DOE.SchoolLunch@state.sd.us)
- SURVEY: [Click](#)

THANK YOU !

<https://doe.sd.gov/cans/>

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Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [How to File a Complaint](#), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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